



TOWN OF DAVIE
MARCH 9, 2010
GENERAL INFORMATION SHEET

RCVD JAN 11 '10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name ELLIS TRAUB District: 234
Circle One

Residency Address 13220 SW 32ND CT, DAVIE, FL 33330

Have you resided at the above address six months or more? Yes ☒ No ☐

Mailing Address Same
(if different from residency address)

Telephone: Home (954) 370-6776 Work N/A Cell (954) 205-9062

E-Mail Address etraub@financialliteracy.us

Date of Birth 9-19-30

Occupation Retired

Spouse's Name DIANNE TRAUB

Campaign Treasurer Self Telephone (954) 123-9923

Deputy Treasurer None Telephone N/A

At time of qualifying, the following must be filed with the Town Clerk:

Form #	Title of Form
<input checked="" type="checkbox"/> DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/> DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/> DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/> CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2008 Form 1 filed July 1, 2009 is acceptable - F.S. 99.061(7)(a)6.)
<input checked="" type="checkbox"/> \$497.25 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$372.94 qualifying fee and the \$124.31 election assessment fee)
<input checked="" type="checkbox"/>	Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>	Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

RCVD JAN 11 '10

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer

Name of Candidate

SSSSS ELLIS TRAUB

1. Address (include post office box or street, city, state, zip code)

13220 SW 32ND CT.
DAVIE, FL 33330

Telephone (optional)

(954) 370-6776

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

DISTRICT 4 TOWN COUNCIL

I have appointed the following person to act as my

☒ Campaign Treasurer

☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

ELLIS TRAUB

5. Mailing Address (If post office box or drawer add street address)

13220 SW 32ND CT., DAVIE, FL

6. Telephone

(954) 370-6776

7. City

DAVIE

8. County

BROWARD

9. State

FL

10. Zip Code

33330

I have designated the following named bank as my

☒ Primary Depository

☐ Secondary Depository

11. Name of Bank

SUNTRUST

12. Street Address

4475 S. FLAMINGO RD.

13. City

DAVIE

14. County

BROWARD

15. State

FL

16. Zip Code

33330

17. Signature of Candidate

X

Date

1/8/2010

Campaign Treasurer's Acceptance of Appointment

I, ELLIS TRAUB, do hereby accept the appointment as
(Please Print or Type)

☒

Campaign Treasurer

☐

Deputy Treasurer

for the campaign of

ELLIS TRAUB

who is seeking nomination or election as a

candidate to the office of

(Party)

DAVIE TOWN COUNCIL DIST. 4

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

1/8/2010

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

1/11/10

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

RCVD JAN 11 '10

I, ELVIS TRAMB,

candidate for the office of DISTRICT 4 DAVIE TOWN COUNCIL;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X

Signature of Candidate

1/8/2010

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

1/11/10



**LOYALTY OATH FOR
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

RCVD JAN 11 '10

STATE OF FLORIDA

BROWARD COUNTY

I,

ELLIS

First Name

Middle Name/Initial

TRAUB

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,


ELLIS TRAUB

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of TOWN OF DAVIE, DISTRICT 4, 4, COUNCIL MEMBER
(office) (district) (group)

My legal residence is 13220 SW 32ND CT, DAVIE, FL. County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X



(954) 370-6776

etraub@financialliteracy.us

Signature of Candidate

Daytime Telephone Number

Email Address

13220 SW 32ND CT, DAVIE

FL

33330

Address

City

State

ZIP Code

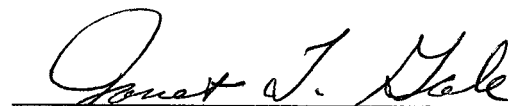
Sworn to (or affirmed) and subscribed before me this 11 day of Jan., 2010.

Personally Known: _____ or

Produced Identification: ✓

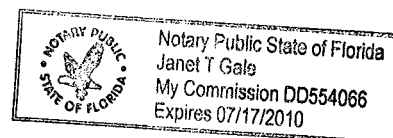
Type of Identification Produced:

FL DR LIC # T610-200-30-339-D



Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public



STATEMENT OF ETHICAL CAMPAIGN PRACTICES
(Broward County Ordinance 2000-06)

RCVD JAN 11 '10

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 8th of January, 2010.

WITNESSES:

M. A. U.
[Signature]

BY CANDIDATE:

[Signature]
Signature
ELLIS TRAUB
(Print name)

STATEMENT OF ETHICAL
CAMPAIGN PRACTICES
PAGE 2

STATE OF FLORIDA)

) SS.

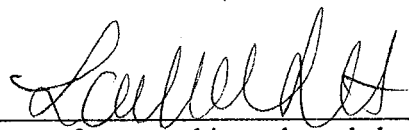
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 8 day of JANUARY,
2010, by ellis Traub, who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 8 day of JANUARY, 2010.



Lauren Elise Smith
Notary Public, State of Florida
Commission # DD 655203
Expires: March 25, 2011


Signature of person taking acknowledgment
[Public Notary, State of Florida]

Lauren Smith
Name of person taking acknowledgment
(typed, printed, or stamped)

My commission expires:

FORM 1

STATEMENT OF
FINANCIAL INTERESTS2008
2009 ✓Please print or type your name, mailing
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

TRAUB, ELLIS

MAILING ADDRESS :

13220 SW 32ND CT.

DAVIS

CITY :

33330

ZIP :

BROWARD

COUNTY :

NAME OF AGENCY :

TOWN OF DAVIS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DISTRICT 4 COUNCIL MEMBER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

RCVD JAN 11 '10

ID Code

ID No.

Conf. Code

P. Req. Code

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☐ DECEMBER 31, 2008

OR

☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

2009 ✓

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☒

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
EASTERN AIR LINES RETD.		Pension
INVESTMENTS/1.	FOLIO FN PO BOX 3068 HERRIFIELD VA 22116	CARBON STOCKS
SOCIAL SEC		3068

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
DIANWELL, INC 4/6/2 DIANNE'S IMPRESSIONS	CLIENTS/PATRONS OF SHOP.	6841 MAIN ST. MIAMI LAKES FL.	SALON

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

RESIDENCE @ ABOVE ADDRESS	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Common Stocks
FURN, FIXTURES, GOOD WILL

PERSONAL
DIANWELL, INC dba DIANNE'S IMPRESSIONS

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

WELLS FARGO

PO Box 10335, Des Moines, IA 50306-0335

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY #1	BUSINESS ENTITY #2	BUSINESS ENTITY #3
NAME OF BUSINESS ENTITY	<i>DIANWELL, INC. dba</i> <i>DIANNE'S IMPRESSIONS</i>		
ADDRESS OF BUSINESS ENTITY	<i>6741 MAIN ST.</i> <i>MIAMI LAKES, FL</i>		
PRINCIPAL BUSINESS ACTIVITY	<i>SALON</i>		
POSITION HELD WITH ENTITY	<i>SECY - TREAS 2</i> <i>JOINT OWNER</i>		
OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>50%</i>		
NATURE OF MY OWNERSHIP INTEREST	<i>JOINT OWNERSHIP</i>		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

1/11/00

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because another public position must at least file a copy is or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

**LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT**

RCVD JAN 11 '10

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 9, 2010 election. This acknowledgement is pursuant to F.S.S. 101.5612.

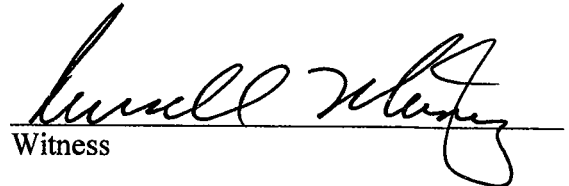
DATE: March 3, 2010*

TIME: 2:00 p.m.

PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1/11/10
Date


Candidate ELLIS TRAUB


Witness

*tentative - should the date and time be amended, the candidate will be notified



TOWN OF DAVIE
MARCH 9, 2010
NOTICE OF CANDIDACY

RCVD JAN 11 '10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name ELLIS TRAUB
(name as it is to appear on ballot - please print)

Date 1/11/10

Residency Address 13220 SW 32ND CT, DAVIE, FL 33330

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ☒ No ☐
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$497.25 filing fee to the Town Clerk (\$372.94 qualifying fee and \$124.31 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for District: 2 3 4
Circle One

Signature: [Signature]

Print Name: ELLIS TRAUB

Address: 13220 SW 32ND CT.

DAVIE, FL 33330-4603

I hereby certify that this Notice of Candidacy form was filed with me on the 11th day of January 2010.

[Signature]
Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE
TOWN CLERK OR QUALIFYING OFFICER



TOWN OF DAVIE
DEPARTMENT OF BUDGET & FINANCE
TOWN CLERK, RECREATION & FINANCE RECEIPT
797-1023 797-1145 797-1050

NO. 033230

NAME: Ellis Travis DATE: 1/11/10
ADDRESS: 13220 SW 32ND CT PHONE: 954-205-9062
DAVIE, FL 33330 ZIP CODE: _____

	NUMBER	AMOUNT	FINANCE	USE	ONLY
Occupational Licenses					
New Yr. ___ 1/2 Yr.					
Renewal					
Transfer					
Penalty					
Records Retrieval					
Miscellaneous					
Copies					
Code Book					
Land Dev. Code					
Description					
		\$ 497.25			
General Registration					
Day Camp Registration					
Athletic Registration					
Football					
Soccer					
Baseball					
Softball					
Special Events					
Pool Revenue					
Permits					
Concession Deposits					
Charge for Services					
Taxes					
Property					
Public Services					
Franchise					
Fines & Forfeitures					
Misc. Revenue					
TOTAL DUE		\$ 497.25			

Election Qualifying Fee - District 4
001-0324-513-0309